PAGE 02/25

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CENTE	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES	4	5	3109111	FORM): 01/22/201 1 APPROVE 1. 0938-039
STATEMEN ND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILC		E CONSTRUCTION	(X3) DA1	TE SURVEY MPLETED
		445509	B. WING	i		04	/10/2014
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	10/2014
LIFE CA	RE CENTER OF OLD				250 ROBINSON ROAD DLD HICKORY, TN 37138		
(X4) ID PREFIX TAG	i (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREM TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 000 F 157 SS=D	During the annual finvestigation of comconducted January Center of Old Hicko cited in relation to the 483.10(b)(11) NOTI	Re-Certification survey and plaints #31500 and #32761 7-10, 2014, at Life Care ry Village, deficiencies were be complaints.	F C	57	Life Care Center of Old Hickory V committed to upholding the highes standards of care for its residents. I includes substantial compliance wi applicable standards and regulatory requirements. The facility respectful works in cooperation with the State Tennessee Department of Health to the best interest of those who requires services we provide.	t This thail thail tily of ward	
	consult with the resi known, notify the resor an interested farm accident involving the injury and has the pointervention; a significant physical, mental, or deterioration in healt status in either life the clinical complications significantly (i.e., a nexisting form of treat consequences, or to treatment); or a decithe resident from the §483.12(a). The facility must also and, if known, the reor interested family rehange in room or respecified in §483.15 resident rights under	diately inform the resident; dent's physician; and if sident's legal representative ily member when there is an e resident which results in prential for requiring physician icant change in the resident's psychosocial status (i.e., a th, mental, or psychosocial ireatening conditions or s); a need to alter treatment eed to discontinue an ament due to adverse commence a new form of sion to transfer or discharge a facility as specified in a promptly notify the resident sident's legal representative member when there is a prommate assignment as (e)(2); or a change in Federal or State law or ited in paragraph (b)(1) of			While this Plan of Correction is not considered an admission of validity findings, it is submitted in good fait required response to the survey con January 7-10, 2014. This Plan of Correction is the facility's allegation substantial compliance with Federal State requirements. F 157 Resident #170 completed his/her rehabilitation stay and discharged his safely in November 2013 Audit completed by Nursing Managers/Coordinators on other reswith significant weight change (sign defined as greater than 5% change is month) to ensure notification of chaphysician or physician extender, Nu Practitioner.	of any h as a fucted fucted of and ome	2/10/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

The facility must record and periodically update the address and phone number of the resident's

Executive

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

this section.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		445509	B. WING	·		01/	10/2014	
	PROVIDER OR SUPPLIER RECENTER OF OLD	HICKORY VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1250 ROBINSON ROAD OLD HICKORY, TN 37138				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(XS) COMPLETION DATE	
F 157	This REQUIREMENT by: Based on medical review, and interviet the physician of a si one resident (#170) reviewed. The findings include Resident #170 was October 4, 2013, with Hypertension, Esop Obesity, Arthropathy Lymphedema, Chro Anemia, and Atrial Forevealed the admiss 2013, was 250 pour revealed the weight 255#, a five pound in review revealed the was 258#, an eight weeks after admission the weight on Octob significant (significant change in one mont week or 18.4%. Furthweight on November significant increase month. Medical record review or progress notes date	or interested family member. IT is not met as evidenced record review, facility policy w, the facility failed to notify gnificant weight increase for of thirty-five residents admitted to the facility on the diagnoses including hageal Reflux, Morbid y, Knee Replacement, nic Pain, Depression, fibrillation. aw of the Weight History sion weight on October 4, and (#). Further review on October 14, 2013, was necesse in one week. Further weight on October 21, 2013, bound increase in the two on. Further review revealed er 28, 2013, was 316#, and defined as greater than 5% the Increase of 58# in one ther review revealed the r 4, 2013, was 319#, a of 69# or 21.6% in one	F1	157	Nurses, RNs and LPNs, educated by S Development Coordinator to ensure knowledge of significant weight loss parameters and when to notify physicistignificant weight loss. Education proto physician and physician extenders to Director of Nursing to ensure if notific significant weight loss it will be noted physician notes/progress reports. Physician notification will be tracked during we Nutrition Intervention Program meeting Dictician or designee. Dictician or designee will report the roof notification of physician regarding significant weight loss to the Performance Improvement Committee until 3 continuous months of 100% complian and report any discrepancies to Performance Improvement Committee consisting of Interdisciplinary Team in up of the Medical Director, Director of Nursing, Executive Director, and other department heads including Social Securives Director, Staff Development Coordinant Executive Chef, Dietician, Recreation Services Director, Director of Rehab, Health Information Management Director further recommendations if needed	an of vided by ed of lin sician ekly ng by esults ance e, nade of rvices ator,	2/10/14	
	October 23, 2013, re	evealed no documentation of						

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LITIPLE CONSTRUCTION DING	0	(X3) DATE SURVEY COMPLETED	
		446509	B. WING)		018	10/2014
	PROVIDER OR SUPPLIER RE CENTER OF OLD	HICKORY VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CO 1250 ROBINSON ROAD OLD HICKORY, TN 37138	DE .		10/120 [4
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPRIES.)		3E	(X5) COMPLETION DATE
F 157	the resident's weight weight. Review of the facility Monitoring with the 2013, revealed, "t follows: A reweight weight varies by 5 lity weight varies by 5 lity weight change in 30 experiencesa signification weight gain in a resident implications weight gain in a residenth implications of the Administrator's of Director of Nursing, President, confirmed their policy to reweight gain experience their policy to reweigh gain experience weight gain experience month after the administrator's of the resident under any of the resident under any of the resident's clinical documented. The documented is necessor paragraph (a)(2)(i)	y policy entitled Weight last revised date of March 1, he criteria for reweighs are as sobtained when the resident's be in a month or 3 lbs in a ating weight changes: Weight wed for residents with a 5% daysAny resident who hificant weight he to the physicianUnplanned dent may have significant and therefore is addressed" y 9, 2014, at 11:30 a.m., in office, with the Administrator, and the Regional Vice d the facility failed to follow the the resident after a three he in one week. Further the facility failed to notify the policy of the significant hoed in one week and one hission. MENTATION FOR ARGE OF RES Insfers or discharges a of the circumstances specified) through (v) of this section,		Resident #226 was discharged sepsychiatric facility on day of inc. Audit was conducted by Social Social Social Services assensure care plans and assessment accurate on any resident with be No other residents had behaviors would require being sent to a psyfacility.	ident. Services, istant to ts are haviors, a that		2/10/14

02/06/2014 18:38 OLDHICKRYVILLAGE PAGE 05/25DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED; 01 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION TAZ) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 445509 B. WING NAME OF PROVIDER OR SUPPLIER 01/10/2014 STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF OLD HICKORY VILLAGE 1250 ROBINSON ROAD OLD HICKORY, TN 37138 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX COMPLETION DATE EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 202 Continued From page 3 F202 (con't) F 202 under paragraph (a)(2)(iv) of this section. Education was provided to Social Services associates, MDS Nurses. RNs, and LPNs to This REQUIREMENT is not met as evidenced ensure knowledge of when and how to care plan behaviors. Education included bv: documenting of interventions to Based on medical record review, and interview, prevent/de-cscalate behavior as well as if the facility failed to document assements and the resident will be admitted to a care plans developed to meet a resident's needs psychiatric facility. before discharging for on resident (#228) of thirty-five residents reviewed. Social Service director will report the The findings included: results of defiant practice to the Performance Improvement Committee until Resident #226 was admitted to the facility on 2/10/14 3 continuous months of 100% compliance September 4, 2013, with diagnoses including and report any discrepancies to Hypertension, Atherosclerotic Cardiovascular Performance Improvement Committee. Disease, Osteoarthritis, Abdominal Aortic consisting of Interdisciplinary Team made Aneurysm, Evacuation of Subdural Hematoma, up of the Medical Director, Director of Cerebrovascular Accident, Coronary Artery Nursing, Executive Director, and other Bypass Graft, and Pacemaker Insertion. department heads including Social Services Director. Staff Development Coordinator, Medical record review of a nursing note dated Executive Chef, Dictician, Recreation October 23, 2013, revealed, "...Pounding screen Services Director, Director of Rehab. of television with a book. Also reached and pulled Health Information Management Director. on television several times, then continued to for further recommendations if needed. smear thickened liquids from a cup all over the screen..." Medical record review of a nursing note dated November 4, 2013, revealed, "...resident had a butter knife and was striking out at staff. The resident stated people were trying to take things away from...Resident told spouse on telephone

'you need to call the police and tell them they need to come take care of things. You better listen to me or someone will be hurt.' Physician was called and ordered the resident be sent out for altered mental status and combativeness..."

PRINTED: 01/22/2014

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTE		& MEDICAID SERVICES				FORM NB NO	1 APPROVED 2. 0938-0391		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:				(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY VPLETED		
		445509	B. WING	·		01/10/2014			
NAME OF	PROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	<u>, vir</u>	TUIZU 14		
LIFE CA	RE CENTER OF OLD	HICKORY VILLAGE		1250 ROBINSON ROAD OLD HICKORY, TN 37138					
(X4) (D PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CON CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
F 202	Review of the care placementation of be		F 2	202		,			
	Nursing (DON) on J in the Administrator was combined the resident was combined interview dropped the knife or Administrator was all interview revealed the readmission to the number to care for resues and the Administrator facility unable to care for resisues and the Administrator was all interview revealed the psychiatric facility unable to care for resisues and the Administrator was all the DON confirmed the resident's behavior in place in an attemponeeds. 483.20(d), 483.20(k) COMPREHENSIVE A facility must use the to develop, review are comprehensive plan. The facility must develop for each resident objectives and timetal medical, nursing, and medical, nursing, and	revealed the resident to the floor and the cle to pick it up. Further the Administrator refused esident after discharge from by because the facility was sidents with behavioral nistrator felt the resident was ff, and visitors. Interview with the care plan did not reflect for issues or interventions put to meet the resident's (1) DEVELOP CARE PLANS e results of the assessment and revise the resident's	F2	79	F 279 Both residents, #52 and #226, were discharged from facility in September a November 2013 respectively. Audit conducted by Unit Managers/Coordinators and MDS Nurse to ensure other residents on anticoagula medications have a care plan for monitoring signs/symptoms of potential bleeding. Audit conducted by Social Services Director and MDS Nurses to	s nt	2/4/14		

ensure other residents with known behavior

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445509	B, WING				UMOMOA A
	PROVIDER OR SUPPLIER RE CENTER OF OLD	HICKORY VILLAGE	!= <u> </u>	. 1	STREET ADDRESS, CITY, STATE, ZIP CODE 250 ROBINSON ROAD DLD HICKORY, TN 37138	<u> </u>	<u>//10/2014</u>
(X4) ID PREFIX TAG	FACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FLILL SC IDENTIFYING INFORMATION)	ID PREFI YAG	DX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	to be furnished to a highest practicable psychosocial well-be \$483.25; and any set be required under \$ due to the resident's \$483.10, including the under \$483.10(b)(4). This REQUIREMENT by: Based on medical rethe facility failed to coplans for two resident residents reviewed. The findings include Resident #52 was at August 29, 2013, with Fibrillation, Hyperter Pulmonary Disease, Osteoarthritis, and L. Fractures. Medical record reviewed. Medical record reviewed.	describe the services that are tain or maintain the resident's physical, mental, and eing as required under ervices that would otherwise 483.25 but are not provided sexercise of rights under the right to refuse treatment. IT is not met as evidenced ecord review, and interview, levelop comprehensive care ints (#52, #226) of thirty-five d: dmitted to the facility on the diagnoses including Atrial islon, Chronic Obstructive Deep Vein Thrombosis, eft Femur and Patella w of admission orders dated realed the resident was inticoagulant) 40 mg neous daily and Coumading each evening. w of the care plan dated realed no documentation of the due to anticoagulant.	FZ	279	problems have care plan in place addressing interventions to prevent/de escalate. 3 nursing associates, consisting of RN LPNs, or, other designee will check caplans daily for residents on Coumadin medication to ensure care plan address monitoring for signs/symptoms of potableeding. Unit Managers/Coordinators designee will ensure meeting is taking place daily. Unit Managers/Coordinators will report results of the daily Coumadin audits for maintaining signs and symptoms of bleeding and lab work to the morning leadership meeting daily Monday throu Friday. The Director of Nursing will represults to the Performance Improvement Committee until 3 continuous months of 100% compliance and report any discrepancies to Performance Improvem Committee, consisting of Interdiscipling Team made up of the Medical Director, Director of Nursing, Executive Director, Director of Nursing, Executive Director, Director of Rehab, Health Information Management Director, for further recommendations if needed.	s, re ses ential or t the f nent ary	2/4/14

STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		JUTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		445509	B, WING)		04/40/2044	
i	PROVIDER OR SUPPLIER RE CENTER OF OLD	HICKORY VILLAGE	1	STREET ADDRESS, CITY, STATE, ZIP O 1250 ROBINSON ROAD OLD HICKORY, TN 37138	XODE	01/10/2014	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFI TAG	IX (EACH CORRECTIVE ACTION	ISHOUT DEF	(A2) COMPLETION DATE	
	Interview with the Di 9, 2014, at 4:40 p.m. confirmed the care precautions/instruction anticoagulant therape Resident #226 was: September 4, 2013, Hypertension, Atherape Disease, Osteoarther Aneurysm, Evacuation Cerebrovascular Acceptoses Graft, and Proceed to Cotober 23, 2013, result of television with a bount elevision with a bount elevision several smear thickened liquid screen" Medical record review November 4, 2013, resulter knife and was resident stated people away fromResident you need to call the present to me or some of the care placed and order for altered mental star Review of the care placed course that care placed course that the care placed course that care pla	rector of Nursing on January in the conference room, plan did not reflect ons for a resident receiving by admitted to the facility on with diagnoses including psclerotic Cardiovascular litis, Abdominal Aortic on of Subdural Hematoma, sident, Coronary Artery accemaker Insertion. w of a nursing note dated evealed, "Pounding screen pok. Also reached and pulled times, then continued to ids from a cup all over the w of a nursing note dated evealed, "resident had a striking out at staff. The e were trying to take things told spouse on telephone police and tell them they are of things. You better one will be hurt.' Physician ed the resident be sent out tus and combativeness"	. F 2	279	l	2/4/14	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		JIPLE CONSTRUCTION	(X3) E	(X3) DATE SURVEY COMPLETED	
		445509	B. WING			1/10/2014	
	PROVIDER OR SUPPLIER RECENTER OF OLD	HICKORY VILLAGE		STREET ADDRESS, CITY, STATE 1250 ROBINSON ROAD OLD HICKORY, TN 37138	, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFI TAG	PROVIDERS PLAN (X (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	CDMPLETION CATE	
F 279	Interview with the Ar Nursing (DON) on J in the Administrator' Administrator was c where the resident v spoon in hand, wavi Continued interview dropped the knife or Administrator was a interview revealed the readmission to the readmission to the readmission to the resident of the Administrator was a interview revealed the psychiatric facility unable to care for readmission to the Administrator was a risk to himself, starthe DON confirmed the resident's behavior	dministrator and Director of anuary 9, 2014, at 8:45 a.m., soffice, revealed the alled to the dining room was found with knife, fork, and ng the arm around. revealed the resident in the floor and the ble to pick it up. Further he Administrator refused esident after discharge from y because the facility was sidents with behavioral nistrator felt the resident was ff, and visitors. Interview with the care plan did not reflect or issues.	F 2	79		2/4/14	
SS=D	The resident has the incompetent or other incapacitated under incapacitated under incapacitated in plannin changes in care and A comprehensive cal within 7 days after the comprehensive asse interdisciplinary team physician, a registers for the resident, and disciplines as determined, to the extent pratte resident, the resident, the resident.	(k)(2) RIGHT TO INING CARE-REVISE CP right, unless adjudged wise found to be the laws of the State, to g care and treatment or treatment. The plan must be developed	F 28	Resident #170 was complered abilitation stay and dissafely in November 2013. Audit conducted by Unit Manages/Coordinators and cursure residents with signiloss/gain have care plans tappropriately updated to minterventions. Care Plans will be review interventions and accuracy Nutrition Intervention Presidents and Accuracy Nutrition Intervention	d MDS Nurses to ificant weight hat have been effect current ed for current y during weekly ogram meeting by asisting of	1/31/14	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

445509

PRINTED: 01/22/2014 FORM APPROVED OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A BUILDING _____ B, WING_____ 04/40/2044

LIFE CARE CENTER OF OLD HICKORY VILLAGE 1250 ROBINSON ROAD OLD HICKORY, TN 37138 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 280 Continued From page 8 and revised by a team of qualified persons after each assessment. F 280 Continued From page 8 and revised by a team of qualified persons after each assessment.	NAME OF PROVIDER	DR SUPPLIER		1			01/	10/2014
CA) ID SUMMARY STATEMENT OF DEPUBLICATION PREFER (EACH DEPROYMENT OF PRECIDENCES PROPERTY (PRESENT OF PRECIDENCES OF THAT REGULATORY OR LISC IDENTIFYING INFORMATION) F 280 Continued From page 8 and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review, facility policy review, and interview, the facility failed to revise the care plan to address a significant weight increase for one resident (#170) of thirty-five residents reviewed. The findings included: Resident #170 was admitted to the facility on October 4, 2013, with diagnoses including Hypertension, Esophageal Reflux, Morbidly Obesily, Aritmopathy, Knee Replacement, Lymphedema, Chronic Pain, Depression, Anemia, and Atrial Fibrillation. Medical record review of the Weight History revealed the admission weight on October 4, 2013, was 255#, a five pound increase in one week. Further review revealed the weight on October 21, 2013, was 255#, a five pound increase in one week. Further review revealed the weight on October 21, 2013, was 316#, a significant defined as greater than 5% weight change in one month) increase of 58# in one week of 18.4%. Further review revealed the weight on November 4, 2013, was 316#, a significant defined as greater than 5% weight change in one month) increase of 58# in one week of 18.4%. Further review revealed the weight on November 4, 2013, was 316#, a significant defined as greater than 5% weight change in one month) increase of 58# in one week of 18.4%. Further review revealed the weight on November 4, 2013, was 316# in one week of 18.4%. Further review revealed the weight on November 4, 2013, was 316# in one week of 18.4%. Further review revealed the weight on November 4, 2013, was 316# in one week of 18.4%. Further review revealed the weight on November 4, 2013, was 316# in one week of 18.4%. Further review revealed the weight on November 4, 2013, was 316# in one week of 18.4%. Further review revealed the weight on November 4, 2013, was 316				- 1		TREET ADDRESS, CITY, STATE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES (REGULATORY OR LEG IDENTIFYING INFORMATION) FREERY TAG Continued From page 8 and revised by a team of qualified persons after each assessment. F 280 This REQUIREMENT is not met as evidenced by: Based on medical record review, facility folicy review, and interview, the facility falled to revise the care plan to address a significant weight on October 4, 2013, with diagnoses including Hypertension, Esophageal Reflux, Morbidly Obesity, Arthropathy, Knee Replacement, Lymphedema, Chronic Pain, Depression, Anemia, and Atrial Fibrillation. Medical record review of the Weight History revealed the weight on October 21, 2013, was 255%, an eight pound increase in the two weeks after admission. Further review revealed the weight on October 21, 2013, was 255%, an eight pound increase in the two weeks after admission. Further review revealed the weight on no month) increase of 69% or 21, 2013, was 316%, a significant increase of 69% or 21, 50% in one	JFE CARE CENT	ER OF OLD HICKORY VILL	AGE	1				
F 280 Continued From page 8 and revised by a team of qualified persons after each assessment. F 280 This REQLIREMENT is not met as evidenced by: Based on medical record review, facility policy review, and interview, the facility falled to revise the care plan to address a significant weight increase of series reviewed. The findings included: Resident #170 was admitted to the facility on October 4, 2013, with diagnoses including Hypertension, Esophageal Reflux, Morbidly Obesity, Arthropathy, Knee Replacement, Lymphedema, Chronic Pain, Depression, Anemia, and Afrial Fibrillation. Medical record review of the Weight History revealed the weight on October 14, 2013, was 255#, a five pound increase in one week, Further review revealed the weight on October 28, 2013, was 315#, a significant (significant defined as greater than 5% weight change in no month) increase of 58# in one week or 18.4%. Further review revealed the weight on November 4, 2013, was 315#, a significant increase of 58# or 21.6% in one	-,-				a	LD HICKORY, TN 37138		
and revised by a team of qualified persons after each assessment. Dictician or designee will report the results of the weekly weight loss/gain intervention eare plan suddits to the Performance Improvement Committee until 3 continuous months of 100% compliance and report any discrepancies to Performance Improvement Committee, consisting of Interdisciplinary Team made up of the Medical prector, Director of Nursing, Executive Director, Director of Nursing, Executive Director, Director of Nursing, Executive Director, Starting Services Director, Starting Servi	PREFIX (EAC	H DEFICIENCY MUST BE PRECE	1111회 YS GRO	PREFE		(ÉACH CORRECTIVE ACTION SHOULD I CROSS-REFÉRENCED TO THE APPROPR	RE .	(XIS) COMPLETI DATE
each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review, facility policy review, and interview, the facility failed to revise the care plan to address a significant weight increase for one residents reviewed. The findings included: Resident #170 was admitted to the facility on October 4, 2013, with diagnoses including Hypertension, Esophageal Reflux, Morbidly Obesity, Arthropathy, Knee Replacement, Lymphedema, Chronic Pain, Depression, Anemia, and Atrial Fibrillation. Medical record review of the Weight History revealed the weight on October 21, 2013, was 255#, a five pound increase in one week, Further review revealed the weight on October 28, 2013, was 316#, a significant (significant defined as greater than 5% weight on November 4, 2013, was 319#, a significant increase of 69# or 21.5% in one				F 2	80	F 280 (con't)		
This REQUIREMENT Is not met as evidenced by: Based on medical record review, facility policy review, and interview, the facility falled to revise the care plan to address a significant weight increase for one resident (#170) of thirty-five residents reviewed. The findings included: Resident #170 was admitted to the facility on October 4, 2013, with diagnoses including Hypertension, Esophageal Reflux, Morbidly Obesity, Arthropathy, Knee Replacement, Lymphedema, Chronic Pain, Depression, Anemia, and Atrial Fibriliation. Medical record review of the Weight History revealed the weight on October 14, 2013, was 255#, a five pound increase in one week. Further review revealed the weight on October 21, 2013, was 255#, a five pound increase in the two weeks after admission. Further review revealed the weight on October 28, 2013, was 316#, a significant defined as greater than 5% weight change in one month) increase of 58# in one week or 18.4%. Further review revealed the weight on November 4, 2013, was 319#, a significant increase of 69# or 21.6% in one	each as:	sed by a team of qualified sessment.	pėrsons after			of the weekly weight loss/gain intervent care plan audits to the Performance Improvement Committee until 3	tion	1/31/20
;	by: Based of review, a the care increase residents The findi Resident October Hyperten Obesity, Lymphed Anemia, Medical of revealed 2013, was revealed 255#, a fill review re was 258# weeks afill the weight one week weight on significan	on medical record review, the facility far and interview, the facility far plan to address a signification one resident (#170) of a reviewed. If the facility far and the facility far address a signification one resident (#170) of a reviewed. If the facility far address and far addres	facility policy illed to revise ant weight thirty-five facility on cluding Morbidly ement, ession, at History October 4, review 2013, was week. Further ber 21, 2013, in the two riew revealed as 316#, a reater than 5% ase of 58# in revealed the 319#, a in one			and report any discrepancies to Performance Improvement Committee, consisting of Interdisciplinary Team ma up of the Medical Director, Director of Nursing, Executive Director, and other department heads including Social Serv Director, Staff Development Coordinat Executive Chef, Dietician, Recreation Services Director, Director of Rehab, Health Information Management Director	ade vices or,	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/22/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING_ COMPLETED 445509 B. WING 01/10/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1250 ROBINSON ROAD LIFE CARE CENTER OF OLD HICKORY VILLAGE OLD HICKORY, TN 37138 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) (D PROVIDER'S PLAN OF CORRECTION ID FREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY F 280 Continued From page 9 F 280 Medical record review of the Interim Care Plan dated October 9, 2013, revealed the resident need of Nutrition/Hydration Needs - BMI (Body Mass Index) greater than 40 with the Goal to 1/31/2014 maintain present weight. Medical record review of the care plan dated October 24, 2013, revealed the resident was at "nutritional risk" with the Goal of "will sustain no significant weight loss..." Review of the facility policy entitled Weight Monitoring with the last revised date of March 1. 2013, revealed, "...Weight variances are reviewed for residents with a 5% weight change in 30 days...Any resident who experiences...a significant weight change...loss or gain...Unplanned weight gain in a resident may have significant health implications and therefore is addressed...The interdisciplinary Care Plan Team addresses the Issue of the...weight gain...reflects current interventions....' Interview on January 9, 2014, at 11:30 a.m., in the Administrator's office, with the Administrator, Director of Nursing, and the Regional Vice President, confirmed the facility failed to revise the care plan to address the significant weight gain per the facility policy. F 281 483.20(k)(3)(i) SERVICES PROVIDED MEET F 281 F281 PROFESSIONAL STANDARDS SS≃D Resident's Medication Administration 1/9/14 Record was corrected to reflect correct The services provided or arranged by the facility dosage, Resident #308 has since completed must meet professional standards of quality. his/her rehabilitation stay and discharged home safely.

by:

This REQUIREMENT is not met as evidenced

	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MI II T	IPLE CONSTRUCTION	OMB NO. 0938-039		
	VUN PEdM	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN		(X3)	DATE SURVEY COMPLETED	
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Į	NAME OF	PROVIDER OR SUPPLIER		<u> </u>			01/10/2014	
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	F 281	The second secon	ge 10	F 281	F 281 (con't)			-
		Based on medical real and interview, the fa	ecord review, observation, cility failed to follow	F 281				
		for one resident /#36	r medication administration	1	Audit conducted by Unit	_		
		reviewed.	08) of thirty-five resident's		Managers/Coordinators and designe all Medication Administration Reco	es of		
					ensure all changes in physician orde	rds to	İ	
	J	The findings included	d:		transcribed correctly. Initiated on 1/2	27/14.	1/31/14	;
		2019, With diagnoses	idmitted on December 30. s including Gastroententis, litus, and Chronic Kidney		Unit Managers/Coordinators or des will check physician order changes ensure Medication Administration F	-1 - 14 .		
		dated December 30, (discontinue) Vitamin Vitamin D3 2,000 Uni	v of a Physician's Order 2013, revealed, "D/C D3 1,000 Units, Add: ts P.O. (by mouth, orally)		match the new orders. Any discrepa will be corrected at the time checked reported to the Director of Nursing.		2/14/14	
		Review of the Medica (MAR) dated January D3 1,000 units PO Da supplement" Observation during the January 9, 2014, at 9: with Registered Nurse prepared Vitamin D3, administered the medical part of the profession of January with the Director of the phase of transcribed to the permanent of the phase of transcribed to the	tion Administration Record 2014, revealed, "Vitamin aily dx (diagnosis): e medication pass on 10 a.m., on the 200 hall at 1, revealed the nurse 1000 Units, and ication to resident #308, ctor of Nursing in the anuary 9, 2014, at 10:30 hysician's order had not be Medication Administration by, and the resident had not the		The DON or designee will report the results of the daily physician order of to the Performance Improvement Committee until 3 continuous month 100% compliance and report any discrepancies to Performance Improvement Committee, consisting of Interdiscipl Team made up of the Medical Director Director of Nursing, Executive Director and other department heads including Social Services Director, Staff Development Coordinator, Executive Director of Rebab, Health Information Management Director, for further recommendations if needed.	hecks s of rement inary or, tor, Chef,		
	C	/0 #32761			•			
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AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/QUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	Each resident's drug unnecessary drugs. drug when used in exduplicate therapy); or without adequate moindications for its use adverse consequences should be reduced or combinations of the resident, the facility methoday and the resident, the facility methoday in these drugs undifference and dorecord; and residents drugs receive gradual behavioral intervention contraindicated, in an drugs. This REQUIREMENT by: Based on medical received, and interview, esidents received adequated adequations by complete adequations and the contractions and the contractions are adequated and the contractions and the contractions are adequated and the contractions are	An unnecessary drug is any xcessive dose (including r for excessive duration; or mitoring; or without adequate e; or in the presence of es which indicate the dose r discontinued; or any reasons above. ensive assessment of a must ensure that residents nitipsychotic drugs are not less antipsychotic drug are not less antipsychotic drug to treat a specific condition cumented in the clinical who use antipsychotic dose reductions, and ms, unless clinically effort to discontinue these is not met as evidenced for the facility failed to ensure equate monitoring of eting the Monthly Flow record for two	F 329	Resident #67 and #270 have both completed their rehabilitation stays discharged with no problems. Audit was conducted during psyche medication meeting, consisting of Service director, Social Services associated or Nursing, Executive Director of Nursing, Executive Director of Nursing, Executive Director and Unit Managers/Coordinators to ensure appropriate Behavior/Intervention Melication. RNs and LPNs, were educated by Director of Nursing's designee on importance and how to appropriately utilize Behavior/Intervention Monthly Flow Records. Audits will be conducted in during the psychotropic medication meeting to ensure proper use of Behavior/Intervention Monthly Flow Records. Initiated on 1/24/14 The Social Service Director or design will report the results of the monthly Behavior/Intervention Monthly Flow Records to the Performance Improves Committee until 3 continuous months 100% compliance and report any discrepancies to Performance Improventions.	otropic Social sistant, sector, fonthly irector e of touthly need ment s of	2/10/14	
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
LIFE CARE CENTER OF OLD HICKORY VILLAGE OLD HICKORY, TN 37138	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S FLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 329 Continued From page 12. Resident #67 was admitted to the facility October 18, 2013, with diagnoses including Bipolar Disorder, Amnestic Disorder, Chronic Kidney Disease, COPD, Normal Pressure Hydrocephalus, Dementia, and Muscle Weakness. Medical record review of the physiclan's admitting orders dated October 18, 2013, revealed the resident received Lexapro (antidepressant) 10 mg (milligrams) daily and Depakote 500 mg BID (twice a day) for Bipolar Disorder. Medical record review revealed the resident's Behavior/Intervention Monthly Flow Record had not been completed and incorporated into the resident #270 was admitted to the facility on December 19, 2013, with diagnoses including Aftercare of Fracture of Upper Arm, Depressive Disorder, Hypertension, Anxiety, and Hypothyroidism. Medical record review of the physician's admitting orders dated December 19, 2013, revealed the resident's Behavior/Intervention Monthly Flow Record had not been completed and incorporated the resident's Behavior/Intervention Monthly Flow Record had not been completed and incorporated into the resident received Xanax (Antianxiety) 1 mg bid and Cymbalta (Antidepressant) 30 mg daily. Medical record review revealed the resident's Behavior/Intervention Monthly Flow Record had not been completed and incorporated into the resident's medical record for the months of December 2013 and January 2014. Review of the facility policy Psychotropic	

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	F 371 SS=F	Consultation revealed Records will be compadministering the management of the management of the second of the Behavior/Intervehad not been completed of the second of the	ration Mental Health Referral ed, "3. Behavior Monitoring pleted by each nurse edication (psychotropic to half Minimum Data Set on January 9, 2014, at 11:40 nurse's station, confirmed nition Monthly Flow Record eted per facility policy for 270. DCURE, SERVE - SANITARY In sources approved or pry by Federal, State or local estribute and serve food	F 37	F371 The effected pot from the three compartment sink and the effected contaminated dishes were rewashed to ensure proper cleaning sanitizing compliance. The can opener, tilt skille grill spill pan were cleaned to remove debris. Executive Chef educated all dietary	o et, and	1/9/14	
		by: Based on observation manufacturer's recondictary department fablictary equipment; fall hree compartment si	is not met as evidenced in, interview, and review of inmendations, the facility lifed to maintain sanitary ited to sanitize items in the ink for at least one minute; cross contamination in the		associates on importance of leaving is in the sanitizing sink for at least one minute. Education included the importance of preventing cross contamination and importance of thorough cleaning of a equipment. Education included a demonstration of the three comparture sink and how to properly unload the comachine. To complete education asso demonstrated proper use back to the Executive Chef. All new dictary associated proper demonstration dictary orientation.	rtance d II ent lish ciates	1/10/14	
١	DIJ 6546 DES	V00 001 P			<u></u>	. 1	i	

		NCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
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January 8, 2014, at 3. Chef, the following: 1.) The can opener sl accumulation of stick: 2.) The interior left side the tilt skillet had dried. 3.) The left interior side heavy accumulation of the dietary department of the three compartments. Further observate member washed, rins into and out of the samp of on the drainage but the dietary of the posted and procedure of the revealed the item in the submerged for at least interview on January the dietary staff members of the samp out of the samilization of the samilization of the samilization. Further interior chef confirmed the dietary staff members and out of the samilization. Further interior chef confirmed the dietary interior chef confirmed the dietary submerging the items one minute.	I and interview confirmed, on :20 p.m., with the Executive lot and blade had a heavy y debris. Ide and interior back side of d brown smears present. Ide of the grill spill pan had a of blackened debris present. It three compartment sink five Chef present, revealed in the sink was set-up and in the compartment sink red and then dipped the pot initizer sink and placed the loard. procedure for the set-up three compartment sink he sanitizer sink was to be st one minute. 8, 2014, at 3:25 p.m., with ber working at the three the the Executive Chef e pot had been dipped into a solution. Further interview staff member had dipped and out of the sanitizer view with the Executive interview with the Executive interview staff member had sted requirement of and interview confirmed, on	F 3	71	Weekly sanitation audits will be compited by the Executive Chef, Dietician, or designee to ensure cleaning of kitchen items are completed per policies to ensure sanitary conditions beginning the week 2/4/14. The Executive Chef, Dietician or deswill report the results of the weekly sanitation audits to the Performance Improvement Committee until 3 continuous months of 100% compliant and report any discrepancies to Performance Improvement Committee consisting of Interdisciplinary Team of the Medical Director, Director of Nursing, Executive Director, and other department heads including Social Services Director, Staff Development Coordina Executive Chef, Dietician, Recreation Services Director, Director of Rehab, Health Information Management Director further recommendations if needed	ore of ignee e, nade of rvices ator,	2/10/14	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF OLD HICKORY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1250 ROBINSON ROAD OLD HICKORY, TN 37138			
(X4) ID PREFIX TAG			ID PREFE TAG		BE COMPLETION	
	the dish machine we observation revealed dietary staff member pushed a rack control dish machine and the with a rack of clean machine in order to dishes in three consinterview with the dish machine, owas to wash hands, dish machine, open remove the clean dish machine. Furth staff member reveal interview with the Exthe observation, cormember cross control pushing the dirty discleaned dishes inside Chef, the left interior a heavy accumulation present. 483.65 INFECTION SPREAD, LINENS The facility must estimate of the control Prosafe, sanitary and control prosafe.	om, with the Executive Chef, as in operation. Further as in operation. Further and and interview confirmed the er working the dish machine aining dirty dishes into the ne rack came in direct contact ed dishes inside the dish eject the cleaned rack of secutive operations. Further etary staff member working onfirmed the correct process go to the clean side of the the dish machine door to shes, then go to dirty side of ad the dirty dishes into the ner interview with the dietary led "I just got rushed." Further recutive Chef, present during affirmed the dietary staff aminated the clean dishes by hes in direct contact with the let the dish machine and and interview confirmed, on 9:20 a.m., with the Executive chef side of the grill spill pan had on of blackened debris CONTROL, PREVENT ablish and maintain an orgam designed to provide a perfortable environment and levelopment and transmission tion.	F 44		ted	
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	The facility must es Program under which (1) Investigates, con in the facility; (2) Decides what proshould be applied to (3) Maintains a reconstructions related to in (b) Preventing Spreading that a represent the spreading determines that a represent the resident. (2) The facility must communicable disease from direct contact will train (3) The facility must hands after each direct contact will train than the washing is indiprofessional practice (c) Linens Personnel must hand	tablish an Infection Control oh it - ntrols, and prevents Infections occedures, such as isolation, o an individual resident; and rd of incidents and corrective fections. ad of Infection on Control Program isolation to of infection, the facility must prohibit employees with a pase or infected skin lesions with residents or their food, if insmit the disease require staff to wash their ect resident contact for which cated by accepted	F4	41	RN and LPNs, were educated on the importance of and how to report signs symptoms of infection to the physician well as to a Unit Coordinator/Manager Director of Nursing in order to detect, prevent, and control infections among residents and personnel in accordance facility protocol. Initiated on 1/28/14. The Staff Development Coordinator or designee will bring the monthly Healthcare-Associated Infection Summ Report to the Performance Improveme Committee, consisting of Interdisciplicatem made up of the Medical Director Director of Nursing, Executive Director and other department heads including Social Services Director, Staff Development Coordinator, Executive Dietician, Recreation Services Director Director of Rehab, Health Information Management Director, for further recommendations if needed.	mary ent nary cot, Chef, or,	2/10/14
	by: Based on facility do review, and interview residents presenting	T is not met as evidenced cumentation, facility policy to the facility failed to monitor with gastrointestinal nining severity and scope of					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/22/2014 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ 445509 B. WING 01/10/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1250 ROBINSON ROAD LIFE CARE CENTER OF OLD HICKORY VILLAGE OLD HICKORY, TN 37138 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PREFIX (XS) . COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR USC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 441 Continued From page 17 F 441 Review of the nursing documentation from the 24 hour alert charting logs for the month of December 2012, with the Director of Nurses on January 9, 2014, at 3:00 p.m., in the library, revealed fifteen residents had exhibited symptoms of nausea, vomiting, and/or diarrhea throughout the month. Review of the facility's documentation. Healthcare-Associated Infection Summary Report by Resident Days (a compilation of infectious processes monitored monthly), dated December 2012, revealed no documentation the residents with gastrointestinal (GI) symptoms (nausea. vomiting, diarrhea) had been monitored during the month of December 2012. Review of the facility's policy, Scope of the Infection Control Program, revealed, "The organization-wide Infection control program is comprehensive in that it addresses detection, prevention, and control of infections among residents and personnel...Goals of the Infection Control Program, Reduce the risk of acquisition and transmission of healthcare-associated infections. Monitor for any occurrences of infection and implement appropriate control measures. Identify and correct problems relating to infection control practices..." Interview with the Director of Nursing on January 9, 2014, at 3:00 p.m., in the library, confirmed that due to the number of multiple cases of residents with GI symptoms, these residents should have

C/O #31500

been included in the infection control monitoring.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:			PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED				
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF OLD HICKORY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1250 ROBINSON ROAD OLD HICKORY, TN 37138					
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F 514	LE The facility must ma resident in accordar	ge 18 LETE/ACCURATE/ACCESSIB sintain clinical records on each noe with accepted professional lices that are complete;	F 514	I		4		
	accurately documer systematically organ The clinical record r information to identification to identification to identification to identification assessments of the control of the contr	nted; readily accessible; and nized. nust contain sufficient fy the resident; a record of the ents; the plan of care and the results of any		administration consisting of Directo Nursing, Unit Managers/Coordinato other residents' pain flow sheets for residents who have orders for prin pameds to ensure compliance.	rs of	ŀ		
,	and progress notes. This REQUIREMEN by:	IT is not met as evidenced		RNs and LPNs were in-serviced and educated on proper use of the pain f sheets and when the sheets should be initiated and documented. Initiated of 1/24/14	low 2/10/20)14		
	and interview, the fa assessments for on	ecord review, observation, cility failed to document pain e resident (#279) for the nanagement of thirty-five d:	٠	The Director of Nursing or designer conduct weekly audits of pain flow to ensure usage for residents receiving pain meds. Nurses not found to be a documenting pain flow sheets correwill be subject to corrective action.	shects ng prn ot			
i	December 27, 2013 Intertrochanteric Fer Cardiomyopathies, C (Stage IV), Hyperter Medical record reviet dated December 20 assessment Q (ever 0-10Norco (narcot	admitted to the facility on with diagnoses including mur Fracture (hip fracture), Chronic Kidney Disease asion, and Diabetes Mellitus. W of the Physician's Orders 13, revealed, "Pain y) shift document pain scale ic analgesic for pain relief) 5 mg tablet 1 tablet every 4		The Director of Nursing or designee report the results of the pain flow she audits to the Performance Improvem Committee until 3 continuous month 100% compliance and report any discrepancies to Performance Improvem Committee, consisting of Interdiscipling Team made up of the Medical Direct Director of Nursing, Executive Direct and other department heads including	ect ent s of /cment inary or,			

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F 514	Review of the Care 2013, revealed the Continued review of following intervention pain management printensity following mobserve for behavior increased pain, vertipain management error behavior pain management error behavior pain management error behavior January 2014, reserved multiple do daily from January 10 Review of the Pain I 2014, revealed three month, twice on the January 2014. Observation of the mon January 10, 2014 resident ambulated wheelchair with a ror deliberate movement revealed the resident her walker to the whoself into the wheelch Interview on January the Director of Nursistation, confirmed do completed on the Paresident received Praccurate assessment.	days po (by mouth) prn (as sis): pain management" Plan dated December 27, need for pain management. If the Care Plan revealed the ins: 1) Educate resident on program; 2) Monitor pain nedication or treatment; 3) for that may indicate pain or pail, non-verbal; 4) Reassess officacy and as needed. Pation Administration Record evealed the resident had exealed the resident had exealed the resident had exealed the resident had exealed the form the bathroom to the stand once on the 8th of the from the bathroom to the firm the bathroom to the lling walker, making slow and its. Continued observation at ambulated unassisted with eelchair, turned and lowered			F514 (con't) Social Services Director, Staff Development Coordinator, Executiv Dietician, Recreation Services Direct Director of Rehab, Health Informati Management Director, for further recommendations if needed.	tor,	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUI A. BUILE	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
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F 514	Continued From pa Sheet had not been medication adminis	ge 20 completed for the PRN tered to the resident.	F	114		-		2/10/14	
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